

|                                                                                                                                                        |                 |                                                                                                                                              |            |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 104619</b>                                                                                                                                    |                 | <b>Due no later than Jan 31, 2017</b>                                                                                                        |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>W & J FARMING, INC.<br>WAYNE TORGERSON<br>PO BOX 245<br>LEWISVILLE ID 83431 |            | WAYNE TORGERSON<br>452 N 3450 E<br>LEWISVILLE ID 83431 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                              |            | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                              |            |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                         | City       | State                                                  | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | WAYNE TORGERSON | PO BOX 245                                                                                                                                   | LEWISVILLE | ID                                                     | USA     | 83431       |  |
| DIRECTOR                                                                                                                                               | JILL TORGERSON  | PO BOX 245                                                                                                                                   | LEWISVILLE | ID                                                     | USA     | 83431       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 104619</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Jill Torgerson<br>Name (type or print): Jill Torgerson                                       |            |                                                        |         |             |  |
| Date: 01/28/2017<br>Title: Officer                                                                                                                     |                 |                                                                                                                                              |            |                                                        |         |             |  |
| Processed 01/28/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                    |            |                                                        |         |             |  |